

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$556.50 for date of service, 02/22/02.
- b. The request was received on 08/02/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial TWCC 60
 1. Position statement
 2. HCFA(s)
 3. EOBs
 4. Operative Note
 - b. Additional documentation requested on 08/23/02 and received on 08/27/02
 1. Position Statement
 2. HCFA(s)
 3. EOBs
 4. Operative Note
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/03/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 09/04/02. The response from the insurance carrier was received in the Division on 09/09/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 08/01/02

“This patient had **four** procedures performed, to **two separate sites, through two separate incisions**. The code of 64708, 24356 and 15750 were performed to the **Lateral portion** of the **elbow**, and the 64718 was performed to the **Medial portion** of the **elbow**. **In which required additional preparation for each site**. The operative report is enclosed and will confirm this situation. Therefore, 64718 is considered a primary procedure performed and requires full payment as stated in the above ruling.”

2. Respondent: Letter dated 08/05/02

“CPT 64718 (Neuroplasty and or transposition ulnar nerve at elbow), the code in dispute, was reimbursed at 50% of the Texas Fee Schedule MAR @ \$556.50. This procedure was performed in a separate incision and in a remote area. It is related to the other procedures. CPT 64718 has a lower MAR value within the Texas Fee Schedule therefore, it was reduced to 50% of the MAR per the multiple procedure rule. There can only be one primary procedure on each billing. The procedure with the highest MAR value was reimbursed as the primary procedure. None of the procedure codes billed are on the list of procedures that cannot be reduced per the multiple procedure rule (on page 64).”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/22/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$1,113.00 for CPT Code 64718 rendered on the date above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$556.50 for services rendered on the date above and denied additional reimbursement as “U849 THIS MULTIPLE PROCEDURE WAS REDUCED 50% ACCORDING TO FEE SCHEDULE OR USUAL AND CUSTOMARY GUIDELINES. (U849)” and “Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY VALUES AS ESTABLISHED BY....”.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$556.50 for services rendered on the date of service in dispute above.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/22/02	64718	\$1113.00	\$556.50	U849, Z560	\$1113.00	MFG SGR (I) (D) (1) (b) (ii); (I) (D) (c); CPT Descriptor	Per the MFG Surgery Ground Rules, the major procedure reflecting the greatest MAR value is the primary procedure. The Requestor has billed CPT Code 15750 as the primary procedure. For CPT Code 64718, the Requestor billed the MAR amount, \$1113.00. The Carrier paid \$556.50. Because the Requestor's operative note indicates a secondary procedure, related to the elbow repair, was performed through a separate incision, this CPT Code is subject to the multiple procedure rule. The Carrier's reimbursement in the amount of \$556.50 (1/2 of \$1113.00 MAR = \$556.50) was appropriate and no additional reimbursement is recommended.
Totals		\$1113.00	\$556.50				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 7th day of January 2003.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division

DT/dt